

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities

REQUEST FOR HOME MODIFICATIONS ASSESSMENT

INDIVIDUAL'S INFORMATION

INDIVIDUAL'S NAME		AHCCCS ID NO.	
ADDRESS (No., Street, City, State, ZIP)		COUNTY	PHONE NO. (Include Area Code)
MAILING ADDRESS (If different from above) (No., Street, City, State, County, ZIP)			
CONTACT PERSON'S NAME AT ADDRESS	BEST TIME/DAY TO MEET	GENERAL DIRECTIONS / CROSS STREETS <input type="checkbox"/> Meet at District Office	
DOES THE INDIVIDUAL/FAMILY OWN OR RENT HOME <input type="checkbox"/> Own <input type="checkbox"/> Rent If a rental, the landlord's permission must be obtained.			

REQUESTOR'S INFORMATION

SUPPORT COORDINATOR'S NAME		SUPERVISOR'S NAME	
SITE CODE	PHONE NO. (Include Area Code)	FAX NO. (Include Area Code)	
<input type="checkbox"/> The ISP/IFSP/PCP Team has identified a potential need for a home modification. The team is requesting a home modification assessment at the home to assist in determining necessary modifications. The team understands that within 30 days a Certified Environmental Access Consultant from the Division of Developmental Disabilities Home Modifications office will schedule a home visit for the purpose of clarifying, assessing and recommending covered home modifications.			
AUTHORIZED SIGNATURE			DATE

OR

☐ The ISP/IFSP/PCP Team is requesting home modifications. The team has identified a need for a ramp to access the home. The team understands that only one ramp can be authorized. At this time the team recognizes only the need for a ramp to access the home.

DESCRIPTION OF PLAN FOR MODIFICATION (Location of exterior entry ramp)

CONSTRUCTION MATERIAL DESIRED AND REASON (Wood/steel/concrete)

The Division reserves the right to recommend most appropriate, cost effective material for ramp construction based on site observations. Design shall meet Arizona Uniform Building Code requirements including slope of one (1) inch rise per 12 inches of run. There will be no exceptions to design specifications. A detailed drawing will be provided for review before start when requested.

AUTHORIZED SIGNATURE	DATE
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Note: Home Modification **does not** include new construction, room additions or repair/home maintenance. ALTCS funds for modifications cannot be used if the residence is a licensed residential setting, including a foster care home.

To schedule a home assessment, please fax this form to the Home Modification Office at 602-542-6363. If you have any questions please call 602-364-2853.

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disability Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program of activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at (602) 542-6825; TTY/TTD Services: 7-1-1.